2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P03000100452 1. Entity Name RECORDS MANAGEMENT OPTIONS, INC.						04-16-2004	90043 0	23 ***15	0.00
MAMI, FL 33176	Principal Place of Business M		Mailing Address							
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City & State	2. Principal Place of Business 3.		. Mailing Address							
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FEINSTEIN, BRETT 407 LINCOLN RD. SUITE 2A MIAMI BCH, FL 33139 Chy FL Zip Code Chy Round a dentity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent with a position purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent with a position purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent with a position purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent with a position registered agent with a position registered agent with a position registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of chan	- Zip	- Country	Zip	-Coun	lry					
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A07 LINCOLN RD., SUITE 2A MIAMI BCH, FL 33139 8. The above named critive submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synthes yield to proted ramed inguised agent and like a spiciolable (NCTE, Repaired Agent exputure required when remaining) DATE FILE NOWILL FEE IS \$150,00 After May 1, 2004 Fee will be \$\$50,00 After May 1, 2004 Fee will be \$\$150,00 After May										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hondor portion name of registered agent and site it aspiciable.	407 LINCOLN RD., SUITE 2A			Street Address (P.O. Box Number	is Not Acceptable)		·	
The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Signature Signature, system or prefet have of registered algent and state it accrossive (NOTE: Registered Algent expected agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. State of Plorida. I am familiar with, and accept the obligations of registered algent. State of Plorida. I am familiar with, and accept the obligations of registered algent. State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both, in the State of Plorida. I am familiar with, and accept the obligations of registered algent. Or both in the State of Plorida. I am familiar with, and accept the obligation of registered algent. Or both in the State of Plorida. I am familiar with, and accept the obligation of registered algent. Or both in the State of Plorida. I am familiar with, and accept the obligation of registered algent. Or both in the State of Plorida. I am familiar with and accept the obligation of registered algent alge	11117 (1111 201	1,12 00 100								
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes, I further certify that the information		antify that the information augustical with the	nie filing dans oot aveille feet				Florido Contra de			

indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Tobiczyk 4/12/04 305-278-1575
SIGNATURE: Valerie Tobiczyk 4/12/04 305-278-1575
Date Date Date Date